24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NRCC	C C00075820
Check if X 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee Dat	te of Public Distribution/Dissemination
NEBO MEDIA	11 03 Y 2022
Mailing Address PO BOX 9825	nount
City State Zip Code	197617.50
ARLINGTON VA 22219 Tra	insaction ID : SE24-0.140493 te of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type	11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: X House District: 02
MAGAZINER SETH	sident Senate State: RI
Calendar Year-To-Date Per Election for Office Sought Disbursem 2022	nent For: Primary X General Other (specify) ▶
Full Name of Payee Dat	te of Public Distribution/Dissemination
Mailing Address	nount
City State Zip Code	
Dat	te of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:
Oppose Pres	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	197617.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	464985.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Davis, Keith, A., , [Electronically Filed] Date 11	03 2022
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